Virginia Department of Health Monkeypox Information Sheet for Healthcare Providers Updated 11/22/2022

| Situation | Multi-country outbreak in newly affected countries. Affecting most US states, including Virginia. Monkeypox virus is spreading mostly through close, intimate contact with someone who has monkeypox. While anyone can get monkeypox, most cases to date have occurred in gay, bisexual, and other men who have sex with men. Providers should be on alert for cases and contact infection prevention staff and their local health department (LHD) if they suspect a monkeypox case. |
|---------------------------------|--|
| Organism | Monkeypox virus; genus Orthopoxvirus (Other Orthopoxviruses that can infect humans: variola [smallpox], vaccinia, cowpox virus) Previously affected areas include parts of west and central Africa Two clades: Clade I and Clade II (milder), with subclades Clade IIa and Clade IIb Current multi-county outbreak is Clade IIb Animal reservoir unknown; hosts include African rodents and nonhuman primates |
| Transmission | Direct contact with sores, scabs, or body fluids from an infected person or animal Indirect contact with contaminated items Large respiratory droplet transmission during prolonged face-to-face contact |
| Incubation | 3-17 days |
| Symptoms and Signs | Characterized by a specific type of <u>rash</u> (see photos below) Both mucosal and cutaneous lesions may occur and can begin on the genitals, anorectal areas, or oral cavity. Cutaneous lesions progress through stages→macules→deeply-embedded firm, round papules (umbilicate)→ vesicles→pustules→scabs Lesions can be the first or only sign of illness. Presentation can be a few or only a single lesion and may be painful. Rectal symptoms (e.g., purulent or bloody stools, rectal pain, or rectal bleeding) have been frequently reported. Some patients have a prodrome, including malaise, fever, lymphadenopathy, and other symptoms. Respiratory symptoms (e.g. sore throat, nasal congestion, or cough) can occur Illness duration is typically 2-4 weeks Co-infection with sexually transmitted infections have been reported Infectious from first symptom onset (prodrome or rash) until lesions scab, fall off, and a new layer of skin |
| Period | form |
| When to Suspect Monkeypox | If the patient has a new characteristic rash or if the patient meets one of the epidemiologic criteria listed in the next bullet and there is a high clinical suspicion for monkeypox Within previous 21 days, patient: Reports having contact with a person with a similar appearing rash or who received a diagnosis of confirmed or probable monkeypox OR Had close or intimate in-person contact with individuals in a social network experiencing monkeypox activity, this includes men who have sex with men (MSM) who meet partners through an online website, digital application ("app"), or social event (e.g., a bar or party) OR Traveled outside the US to a country with confirmed cases of monkeypox or where Monkeypox virus is endemic OR Had contact with a dead or live wild animal or exotic pet that is an African endemic species or used a product derived from such animals (e.g., game meat, creams) |
| Testing | Testing is available through commercial labs: Aegis Sciences, Labcorp, Mayo Clinic Laboratories, Quest Diagnostics, and Sonic Healthcare Testing is also available through <u>Virginia's Division of Consolidated Laboratory Services</u> (DCLS); requires coordination with LHD |



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| Isolation | Standard and transmission-based <u>precautions</u> needed when evaluating a potential case |
|-----------------|---|
| | Use an Airborne Infection Isolation Room if intubating, extubating, or other procedure that can |
| | cause aerosolization |
| Vaccines | • JYNNEOS vaccine: 2-dose series 28 days apart, administered subcutaneous or intradermal, |
| | replication deficient; VDH has been using only JYNNEOS vaccine to date |
| | ACAM2000 vaccine (IND): 1 dose, administered percutaneous, replication competent |
| Vaccine | • Those who, within the past 14 days, have had an intermediate to high risk exposure to a known and |
| Eligibility: | documented monkeypox case |
| The following | Those with certain risk factors and recent experiences that might make them more likely to have |
| individuals are | been recently exposed to monkeypox: |
| eligible to | Person (of any sexual orientation or gender) who has had anonymous or multiple (more than |
| receive | 1) sexual partners in the last 2 weeks |
| monkeypox | Person (of any sexual orientation or gender) diagnosed with any sexually transmitted |
| vaccination* | infection in the past three months |
| | Person (of any sexual orientation or gender) who is living with HIV/AIDS |
| | Staff (of any sexual orientation or gender) at establishments or events where sexual activity |
| | occurs |
| | Sex workers (of any sexual orientation or gender) |
| | Those whose jobs may expose them to orthopoxviruses, such as monkeypox; examples include: |
| | Healthcare providers who are administering ACAM2000 |
| | Laboratorians handling monkeypox specimens |
| | |
| | *Individuals may attest to meeting one or more of the eligibility criteria for vaccination; however, they |
| | should not be required to attest to a specific criterion or be asked details about their eligibility. |
| Treatment | Tecovirimat (ST-246) (IND), Cidofovir, Vaccinia Immune Globulin (IND), or Brincidofovir. |
| <u> </u> | Available from national stockpile or CDC for severe cases or patients at higher risk of severe illness; |
| | providers must coordinate with LHD. |
| | Supportive care to maintain fluid balance, manage pain, treat bacterial superinfections or co- |
| | occurring sexually transmitted or superimposed bacterial skin infections. Providers should give |
| | |
| | detailed guidance on supportive care and address symptoms early to prevent hospitalizations. |
| | CDC Clinical Consultation Service (email <u>eocevent482@cdc.gov</u> or call 770-488-7100) |

Images of Monkeypox Rash











Photo credit: UK Health Security Agency and NHS England High Consequence Infectious Diseases Network. From CDC Clinical Recognition cdc.gov/poxvirus/monkeypox/clinicians/clinical-recognition.html, accessed November 22, 2022

